## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

ISTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where propriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as dicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

intenance fee notifica		——————————————————————————————————————	(a) specifying a new conc				
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use B	lock 1 for any change of address	Fee pap	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
	7590 09/26	5/2008	nav	E L	ectronically 1	-, led	
DRINKER BII	DDLE & REATH	TIP		Cert	ificate of Mailing of Trans	smission	
One Logan Squa			Stat	es Postal Service wi	ith sufficient postage for fir	g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.	
18th & Cherry S			add tran	ressed to the Mail	Stop ISSUE FEE address	above, or being facsimile	
Philadelphia, PA				Darni		(Depositor's name)	
				201141	Pratcher	(Signature)	
				Decemb	er 19, 2008	(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTO		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/767,648 01/29/2004			James A. Hoxie		53893-5046-00	6515	
LE OF INVENTION 120 HYPERVARIAB		METHODS AND KITS	RELATING TO DELETION	ON MUTATIONS (	OF IMMUNODEFICIENC	Y VIRUS	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$720	\$300	\$0	\$1020	12/26/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS	]		•	
BOESEN, A	GNIESZKA	1648	530-350000				
	ence address or indication	n of "Fee Address" (37	2. For printing on the p		. 1 \ 1.	. 3 IV. 3. "	
R 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
SSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	ne)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for ecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
he Trustees of the University Philadelphia, 7A							
of Penns					<b>-</b> , , , , ,	a. □a	
ise check the appropri	late assignee category or	categories (will not be p	orinted on the patent):	Individual GCor	poration or other private gr	oup entity Government	
The following fee(s) a	are submitted:	2	o. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)				
S Issue Fee			A check is enclosed.				
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - #	of Copies		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0573 (enclose an extra copy of this form).				
hange in Entity Stat	tus (from status indicated	d above)					
• •	s SMALL ENTITY state		- <del>-</del>		L ENTITY status. See 37 C		
TE: The Issue Fee and rest as shown by the r	d Publication Fee (if requeeords of the United Sta	uired) will not be accept tes Patent and Trademar	ed from anyone other than t k Office.	he applicant; a regist	tered attorney or agent; or the	he assignee or other party in	
Authorized Signature Kuthery Dorth Date December 19, 2008							
yped or printed name Kathryn Doyle Registration No. 36,31							

collection of information is required by 37 CFR 1.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) pplication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and nitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, candria, Virginia 22313-1450.

er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.